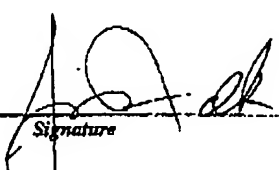


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): Roger E. Story			APP 1356	
Serial No. 10/057,462	Filing Date 01/25/2002	Examiner BOAKYE, A.O.	Group Art Unit 2667	
Invention: System, Method and Article of Manufacture For Determining Connection Information in a Network				
RECEIVED CENTRAL FAX CENTER AUG 10 2004 OFFICIAL				
I hereby certify that this <u>Reply to Office Action of 07/30/2004</u> (Identify type of correspondence)				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)				
on <u>8.10.04</u> (Date)				
<u>Michelle Masseau</u> (Typed or Printed Name of Person Signing Certificate) <u>Michelle Masseau</u> (Signature)				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. APP 1356		
Applicant(s): Roger E. Story					
Serial No. 10/057,462	Filing Date 01/25/2002	Examiner BOAKYE, A.O.	Group Art Unit 2667		
Invention: System, Method and Article of Manufacture For Determining Connection Information in a Network					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: Aug 10, 2004		
James W. Falk (Reg. No. 16154) Telcordia Technologies, Inc. One Telcordia Drive 5G116 Piscataway, NJ 08854-4157			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					

Appl. No. APP 1356
Amdt. Dated 08/10/2004
Reply to Office Action 07/30/2004

APP 1356
RECEIVED
CENTRAL FAX CENTER
AUG 10 2004

OFFICIAL

Appl. No : 10/057,462
Applicant : Roger E. Story
Filed : January 15, 2002
Title : System, Method and Article of Manufacture for
Determining Connection Information in a Network
Art Unit : 2687
Examiner : Alexander O. Boakye

Docket No. : APP 1356

Mail Stop Non-fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of July 30, 2004, in the above identified application, please amend said application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.